

PEDIATRIC PRIMARY FIELD SURVEY

1100

Accurate and speedy assessment of the pediatric patient is essential to determine the urgency for treatment and transport. Priorities such as scene safety, recognition and stabilization of life threatening conditions, and identification of patients who need rapid transport are all based on the primary field survey.

Basic Life Support

1. Establish level of responsiveness.

Determine scene safety, eliminate possible risks and activate other services as needed.

2. Evaluate airway and protective airway reflexes.

Assess patency of airway:

- chest rise
- stridor
- drooling
- grunting
- choking
- breath sounds
- cyanosis
- nasal flaring
- wheezing
- retractions

3. Establish airway/spinal immobilization if needed.

Open airway using suction, jaw thrust, and chin lift (and/or head tilt if no suspected spinal trauma). Consider placement of oropharyngeal airway if child unconscious. If cervical spine trauma suspected, follow Spinal Immobilization protocol.

4. Evaluate pulse and circulation.

- (a) Check pulse:
- rate
 - rhythm
 - quality
- (b) Check for signs of circulation:
- capillary refill
 - mental status or movement
 - skin signs
 - blood pressure

5. Oxygen support if needed.

Use nasopharyngeal or oropharyngeal airway, or bag valve mask with 100% oxygen ventilating to chest rise (E-C clamp technique), or oxygen by blow-by, with child in position of comfort.

6. Assist ventilation if needed.

Use chest rise as an indicator of adequate ventilation. If chest rise is inadequate consider:

- repositioning the airway
- foreign body in airway
- inadequate bag volume or activated pop-off valve
- improper mask size

Rescue breathing includes two effective slow breaths (1-1½ sec) then rate of 20 breaths/min for infant or child.

7. Support circulation if needed.

Compression rate is 120 events/min for newly born infant, 100 events/min for infants and children with 5:1 compression ventilation ratio. Depths is 1/3 of A-P chest diameter. With two providers, use 2 thumb-encircling hands chest compression technique for infants.

8. Assess injuries if present.

- maintain c-spine immobilization at all times
- cover open wounds
- control bleeding
- splint limb deformities

9. Determine appropriate protocol.

10. Obtain pertinent history.

- chief complaint
- past medical history
- allergies
- present medication list

Key Points/Considerations

1. Use standard barrier precautions.

Service Director Initials _____

Medical Director Initials _____

Date Approved By KBEMS _____

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